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								0	16	8106	4
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTIT			IER THAN
TOTAL CLAIMS		1	(Column 1)		(Column 2)		TYPE		(DR SMA	LL ENTITY
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		RATI BASIC			RATI	
TOTAL CHARGEABLE CLAIMS		50	ζο minus 20=		30	1	-	7-		PASIC F	
INDEPENDENT CLAIMS			F """" =			┨ .	X\$ 9.			X\$18	<u>5%:</u>
MULTIPLE DEF	PENDENT CLAIM	PRESENT	ESENT			1	X40=	-	°	R X80=	80:-
If the differen	ce in column 1	is less than	zero, enter	"0" in	column 2	J	+135=		_ J °	R +270=	
	ED - PAR1	T ##			TOTAL	<u> </u>	0	R TOTAL	1230;		
	(Column 1)	6-3-	04(Colum	n 2)	(Column 3)	SMAL	L ENTIT	Y O		R THAN L ENTITY
Total Independent	REMAINING AFTER AMENDMENT	4	NUMB	ER USLY	PRESENT EXTRA		RATE	ADD TION FEE	AL.	RATE	ADDI- TIONAL FEE
Total	1 47	Minus Minus	<u> </u>	0	=] [X\$ 9⇒		OI	X\$18=	
FIRST PRES	SENTATION OF N		EPENDENT	CLAIM		 	X40=			X80=	1
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10 To 10 To 10	(Column 1)		(Column		Column 3)	AD	ODIT. FEE!		TOU	ADDIT, FEE	L
	CLAIMS REMAINING		HIGHEST		PRESENT	Г		ADDI-	1		
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THE DEPENDENT CLAIM									OR	X80=	
the entry in column 1 is less than the entry in column 2, write "0" in column 3. ### Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ###################################									OR	+270=	
the "Highest Number Highest Number 1	nber Previously Paid ber Previously Paid	For (Total or	SPACE is less Independent	s than 2 s than 3 s the bin	D, enter "20." , enter "3." thest or misses	ADD	We con		OR A	TOTAL DOIT, FEE	
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